

<b>Case Number:</b>	CM15-0067975		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York  
 Certification(s)/Specialty: Neurological Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker was a 50 year old female, who sustained an industrial injury, March 8, 2013. The injured worker previously received the following treatments EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities, carpal tunnel release and ganglion cyst excision, ultrasound imaging of the right wrist and lateral elbow, Norco, Naproxen, Zolpidem, Zofran, Colace, and carpal tunnel release. The injured worker was diagnosed with right elbow medial and lateral epicondyle fasciotomy January 13, 2015, right trigger thumb, persistent right carpal tunnel syndrome and post percutaneous trigger thumb release with residual triggering. According to progress note of February 11, 2015, the injured workers chief complaint was right carpal tunnel syndrome symptoms with continued complaints of numbness and tingling. The injured worker continued to wake up during the night in pain. The physical exam noted the continued complaints of bilateral elbow pain. The arms were comfortable at rest however; there was pain with gripping, squeezing, and lifting. There was significant tenderness over the later epicondyle and milder tenderness over the medical epicondyle. There was tenderness over the lateral epicondyle of the left elbow. The treatment plan included right elbow lateral epicondyle fasciotomy, medical epicondyle fasciotomy, prescriptions for Tramadol, Naproxen, Zolpidem, Zofran, Colace, physical therapy, game ready unit, and post-operative appointments within a global period with fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Right Elbow Lateral Epicondyle Fasciotomy, Medial Epicondyle Fasciotomy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter-Surgery for epicondylitis.

**Decision rationale:** The ODG guidelines recommend surgery for chronic lateral epicondylitis if the patient has had 12 months of compliance with non-operative management. Documentation does not provide this evidence. The guidelines note the patient would have failed an exercise program to increase range of motion and strength of the musculature around the elbow. Documentation does not provide this evidence. The requested treatment: Right Elbow Lateral Epicondyle Fasciotomy, Medial Epicondyle Fasciotomy is not medically necessary and appropriate.

**Tramadol HCL/Acetaminophen 37.5/325mg QTY: 120.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Naproxen 550mg QTY: 120.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter-Surgery for epicondylitis.

**Decision rationale:** The ODG guidelines recommend conservative management of persisting symptoms of epicondylitis for a least a year. They recommend NSAIDs. Naproxen is a NSAID. However, the requested treatment does not include the frequency of medication. The requested treatment: Naproxen 550mg QTY: 120.00 are not medically necessary and appropriate.

**Zolpidem Tartrate 5mg QTY: 30.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medication Chapter-Insomnia treatment.

**Decision rationale:** The ODG guidelines do recommend treatment based on etiology. They do recommend Zolpidem as a first line medication for short treatment of 7-10 days. They recommend the dosage for women as a 3 fold increased risk of early death appears to be associated with the drug. The requested treatment: Zolpidem Tartrate 5mg QTY: 30.00 are not medically necessary and appropriate.

**Post-Operative Physical Therapy QTY: 12.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Game Ready Unit QTY: 14.00 (days):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Colace 100mg QTY: 20.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications Chapter-opiod-induced constipation treatment.

**Decision rationale:**

**Post-Operative Appointments within Global Period with Fluoroscopy QTY: 4.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Zofran 8mg QTY: 10.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.